

State of Idaho
Department of Health and Welfare
Notice of Decision

Case Number	Home Telephone Number	Phone Company		
Applicant Name (last, first, middle initial)		Social Security Number		
Name on Telephone Account (last, first, middle initial)		Social Security Number		
Residential Address Street	City	State	Zip Code	
Mailing Address (if different) Street	City	State	Zip Code	

**IF YOU DO NOT HAVE A TELEPHONE OR
YOU HAVE HAD A TELEPHONE INSTALLED IN THE PRIOR 60 DAYS**

Your application for Link-Up Assistance has been:

- ☐ **Approved**
Please call the telephone service provider in your area to set up service. If you are eligible you will receive a reduction of the cost of Your telephone installation. The reduction will be half of the cost up to \$30.00. If you are denied by the telephone company, you have the right to appeal this decision to the Idaho Public Utilities Commission.
- ☐ **Denied** Reason:
- ☐ **N/A (not applicable)** Reason:

If you disagree with the State's denial, you must file an appeal within 30 days of the date this notice is signed.

IF YOU HAVE A TELEPHONE

Your application for Monthly Telephone Assistance has been:

- ☐ **Approved**
The Department of Health and Welfare will notify your telephone company of your eligibility. If your telephone company also determines you are eligible, the monthly cost of your basic residential telephone bill will decrease by **\$13.50**. You **MUST** continue to pay your monthly phone bill – this program will **NOT** pay the whole billing amount. Please allow 90 days from the date of this notice to have this reduction reflected on your phone bill. **Retain this notice for your records.**
- ☐ **Denied** Reason:
- ☐ **Recertified** Continuation of the **\$13.50** monthly residential telephone assistance.

If you disagree with the State's denial, you must file an appeal within 30 days of the date this notice is signed.

If you have questions about this notice of decision, please contact your case manager/worker or ITSAP at (208) 375-7382.

IF YOU HAVE QUESTIONS ABOUT YOUR TELEPHONE SERVICE OR BILLING ADJUSTMENTS, PLEASE CONTACT YOUR TELEPHONE COMPANY.

Self-Reliance or Agency Worker Name	Telephone Number	Field Office or CAA	Date July 5, 2005
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Distribution: Original – Participant
Yellow – CAPAI, Telephone Assistance, P O Box 8224, Boise ID 83707
Pink - Case Record